PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/591,825			ing Date 19/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THA	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	122 (0)	ı	N/A	TLL (0)
	SEARCH FEE		N/A		N/A	ı	N/A		ı	N/A	
	(37 CFR 1.16(k), (i), (ii) EXAMINATION FE	E	N/A		N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), ( FAL CLAIMS CFR 1.16(i))	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.										TOTAL	
APPLICATION AS AMENDED – PART II         OTHER TH/           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL EN											
AMENDMENT	10/04/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18()))	• 19	Minus	<b>~</b> 21	= 0		X \$25 =	0	OR	x s =	
z	Independent (37 CFR 1,16(h))	• 4	Minus	•••4	= 0		X \$105 =	0	OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,16())		Minus		-	l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***			x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
Г									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid Fo" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line fails and the processes) an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.16. This collection in extensive this line 22 vanishes to comprise to accepted a policitation form to the USPTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggeoustons for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients.